KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
ALLIED HEALTH VERIFICATION
for 90-hour Kansas Nurse Aide Certification

Complete this form and attach the following:
< **copy** of identification with current name & social security number (such as driver's license, social security card)
< an application fee of $20.00 (check or money order)
< **an OFFICIAL** transcript from **current** training (must be currently attending nursing program) or a copy of professional license (if expired, must be within the last 24 months)

All fees are NOT refundable

Candidate Information

Name: _____
Last   First   MI   Other (maiden/surname)

Social Security Number: _____ - _____ - _____   **Birth date:** ___/___/___   **Sex:** ___ Male ___ Female

Address: _____
Street   City   State   Zip

Phone Number: Home ( )_____   Work ( )_____

EMAIL: _____   **Preferred Method of Approval Letter:** ___Mail ___Email

Check which applies (a suspended or revoked licensure will make you ineligible for the test):

Training   Licensure
__ RN   OR   __ RN   State
__ LPN   __ LPN   State
__ LMHT   __ LMHT   State

Check Test Site Preference (please only select one location)

___Andover	___Concordia	___Hutchinson	___Lawrence	___Parsons	___Wichita/WATC
___Atchison	___Dodge City	___Independence, KS	___Lenexa	___Pratt	___Winfield
___Beloit	___Emporia	___Iola	___Liberal	___Salina	
___Burlingame	___Fort Scott	___Junction City	___Manhattan	___Topeka	
___Chanute	___Garden City	___KC KS Community College	___Merriam	___Wichita/Allied	
___Coffeyville	___Great Bend	___KC KS Delores Homes	___Olathe	___Wichita/Bethel	
___Colby	___Hays	___KS KS Donnelly	___Pittsburg	___Wichita/NAU	

Candidate's Signature

I do hereby attest that the information supplied in this application and any attachments is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments. *I have attached a* ***copy*** *of an identification document with my current name, social security number, and an official transcript or copy of professional license.*

_____
Candidate's Signature   Date

Return this form and attachments to: Health Occupations Credentialing, KDADS
                                            612 S Kansas
                                            Topeka KS 66603-3865

KDADS USE ONLY: Approval Date _____   Test Date _____

Candidate, **please note**:

1. You must present two forms of identification, with one being picture I.D., to be admitted to test.

2. You must be able to provide your social security number on the test for identification.

3. **YOU MUST BE ON TIME.**

4. If you are late, or fail to appear for your scheduled test, you must call (785) 296-1250 to request a rescheduling form which requires an additional fee of $20.00.

5. You will receive an Approval to Test notice that will allow a nursing facility to employ you as a Nurse Aide Trainee II for a single four month period beginning on the approval date.

6. Nurse aide certificates are issued to those who achieve a score of at least seventy five percent (75%) on the nurse aide test.

7. The nurse aide test may be taken **only one time** based on training or licensure. Any candidate who fails the test on the first attempt **must enroll in a state-approved nurse aide training course.** You then have two remaining opportunities to pass the test within one year from the approval date designated above.

8. Test scores may be requested by writing to the address listed below.

Health Occupations Credentialing, KDADS
612 S Kansas Ave
Topeka, Kansas 66603-3856
(785) 296-6958   Web site: www.kdads.ks.gov/hoc

CNAHHA - Revised 11/29/6